



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 7550

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/574,422   | <b>FILING or 371(c) DATE</b><br>11/07/2006<br><b>RULE</b>   | <b>CLASS</b><br>514                | <b>GROUP ART UNIT</b><br>1655   | <b>ATTORNEY DOCKET NO.</b><br>50125/084002 |                                |
| <b>APPLICANTS</b><br>Eggert Stockfleth, Albersdorf, GERMANY;<br><b>** CONTINUING DATA ***** QM</b><br>This application is a 371 of PCT/EP04/11300 10/08/2004<br>which claims benefit of 60/510,101 10/09/2003<br><b>** FOREIGN APPLICATIONS ***** QM</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/04/2006 |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <i>Examiner's Signature</i>   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>0   | <b>TOTAL CLAIMS</b><br>35                  | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>CLARK & ELBING LLP<br>101 FEDERAL STREET<br>BOSTON, MA 02110<br>UNITED STATES  |   |                                    |   |  |                                |
| <b>TITLE</b><br>Use of a polyphenol for the treatment of a cancerous or precancerous lesion of the skin  |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>2360   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |